

PLANNED ABSENCE MAKE-UP SHEET

Student Name _____ Date(s) of Absence _____

Reason for Absence _____

LCS expectations are for work to be COMPLETED before your planned absence. On the form below, list each class, assignment(s), and have the teachers initial. (Teacher initials signify that work has been completed or, in special circumstances, other arrangements have been made.) Return completed form to the office before the day you plan to be absent.

<u>Class</u>	<u>Assignment</u>	<u>Teacher</u>
A		
B		
C		
D		
E/F		
G		
H		
I		

No signature is necessary for study hall.

I give consent for my son/daughter to miss school for the above-named activity.

Parent's Signature _____